	PAIENI	αp	4	1847	7.3	] ] Qb	12367						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			15					E	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUME	NUMBER EXTRA		FEE	355.00		BASIC FEE	<del></del>	
TOTAL CHARGEABLE CLAIMS			16 mi	/6 minus 20=				_		1		710.00	
INDEPENDENT CLAIMS			) minus 3 =		* 8	· 0			<del></del> . <u> </u>	OR		<del> </del>	
MULTIPLE DEPENDENT CLAIM PI								_		OR	X80=		
* 16	the difference	the publication of the					+135	=		OR	+270=		
H			less than zero, enter "0" in column 2				TOTA	L E	355.8	ЮR	TOTAL		
CLAIMS AS AMENDED - PART II										-	OTHER		
		(Column 1) CLAIMS	4	(Colun	EST	(Column 3)	SMAL			OR I I	SMALL		
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT	**************************************	NUME PREVIO PAID F	DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ÖN	Total	*	Minus	**		=	X\$ 9=	-		OR	X\$18=	,	
AME	Independent	*	Minus	***	<del> </del>	=	X40=	1		OR	X80=		
_	FIRST PRESE	ESENTATION OF MULTIPLE DEPENDENT			CLAIM		+135=	+		_			
								AL		OR -	+270= TOTAL	—_A	
		(Column 1)		(Colum	an 3)	(Column 2)	ADDIT. FE			OR	DDIT. FEE	/_	
ENDMENT B	CLAIMS REMAINING			HIGHE	EST	(Column 3)			ADDI-			ADDI-	
	Tribute.	AFTER AMENDMENT	<b>60%</b>	NUME PREVIO PAID F	USLY	PRESENT EXTRA	RATE		IONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**	·	=	X\$ 9=			OR	X\$18=		
AME	Independent	*	Minus	***		=	X40=	十		OR:	X80=	,	
	PINOT PRESE	NTATION OF MU	LTIPLE DEF	ENDEN	CLAIM		125	十		ľ			
							+135=			OR	+270= TOTAL		
			ADDIT. FE			OR A	DDIT. FEE						
٠. ١		(Column 1) CLAIMS		(Colum HIGHE		(Column 3)				_			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	RATE	TI	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	; ;	
A ME	Independent	*	Minus	***		=	X40=	╁		<u> </u>	X80=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		X40=	╁		OR	X8U=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3										OR	+270=		
or if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEEOR													
7	he "Highest Num	ber Previously Paid	l For" (Total or	Independer	nt) is the	highest number fo	ound in the a	rbbrot	oriate box	in colu	mn 1.		

Application or Docket Number